Public Health
Seattle & King County

Pool Data Form Instructions

Complete the Pool Data Form and submit it along with a Plan Review Application, application fee and two copies of all required plans, cut sheets, calculations and any testing reports - one pool per form. Pool renovation information should reflect proposed changes. Leave the cover installation dates and signature information sections blank at the time of application. Upon completion of the construction, an "as built" version of the Pool Data Form (printed as a two sided, legal size form) must be submitted along with the Construction Report.

Pool – List the name of the pool or facility where the pool is located. If there are multiple pools of the same type at the address, include some type of identifier e.g. Main Apartments west pool.
Year Built – List the year that the pool was built.
Permit Number – If this is an existing pool, use the permit number on the Public Health Operating Permit. If this is new construction, a service request number will be provided during the review process.
Variance – Check the box if a variance has been **approved** for the pool.
Pool Owner/Address – List the name and address of the individual, business or association that owns the pool.
Type – Check one of the five boxes to indicate the type of pool.
Feature – If the pool has a slide, water toy or other features, list them here.
Pool Shape – List the shape that best describes the pool.
Width/Length or Diameter – List the pool width and length or diameter in feet, as applicable.
Total Surface Area, Area < 5ft deep, > **5ft deep**, and **Depth range** – List the pool surface area in square feet. List minimum and maximum depths in feet, for the depth range.
Pool Capacity – List the number of gallons of water the pool holds.
Maximum Turnover Rate – List the maximum number of minutes required for the pool volume to recirculate. This would be when the filter is dirty, right before backwashing.
Bather Load – List the maximum bather load.

Box 1

Disinfectant – Check the box for the type of disinfectant. Use the blank space for types not listed, including supplemental UV and ozone. Also check the box for the applicable form.
Filters – List the number of filters, the make and model and the area of one filter in square feet. Check the box for the type of filter and if the filters are NSF approved check that box.
Overflow System – Provide the applicable information and write NA for anything that does not apply to the pool. List the number of skimmers, the percent of flow thru the skimmers, the weir length and height in inches, the number of equalizer outlets, the equalizer outlet cover make and model, the diameter of the skimmer line pipe in inches and the diameter of the equalizer line pipe in inches. OR List the gutter capacity in gallons, the gutter slope per foot and the percent of flow thru the gutter system.
List the capacity of the surge tank in gallons or NA if no tank.
Remote water level controller – List the make and model of the controller or NA if none.
Hydrostatic relief valve – List the location of the hydrostatic relief valve or NA if none.
Safety Vacuum Release System-SVRS – List the make and model of the SVRS or NA if none.
Audible alarm – Check the box if there is an audible alarm and list the systems that the alarm is connected to (e.g. SVRS, manual shut).

Box 2

The following information needs to be provided for each pump system in the pool e.g. recirculation, jets.

Pumps –
List the number of pumps, the make and model and the horse power (HP).
List the maximum and minimum flows in gallons per minute and the total dynamic head (TDH).
To determine maximum flow rate, minimum flow rate and total dynamic head:

- Approved Engineering Plans: If a copy of the approved engineering plans is available, they should provide flow information. If the pumps have been replaced since construction of the pool and a pump different than the approved plans specified was used, an engineer will need to evaluate the existing pump systems.
- Engineer Design Analysis: If a copy of approved engineering plans cannot be obtained, an engineer may provide an analysis of the current pumps and pump systems to determine the maximum and minimum flow rates. Engineering calculation may include:
  -Determination of total dynamic head (TDH) for the system
  -Determination of simplified TDH calculation. This method finds the maximum system flow rate using hydraulic calculation based on the lowest possible total dynamic head for a circulation system.

- Field Test Methods. See ***American National Standard for Suction Entrapment Avoidance in Swimming Pools, Wading Pools, Spas, Hot Tubs, and Catch Basins, ANSI/APSP-7 2006*** for field methods for determining maximum flow rate of the system. These field methods include calculations with pressure and vacuum readings; using the maximum pump flow rate specified by the manufacturer; and, measuring flow with a 5-gallon bucket and stopwatch.

Drains –
List the number of drains and indicate if they are located on the pool floor or wall. If jet or other outlet pipes are in drains already listed, indicate this e.g. same drains as recirculation.
Indicate with a yes or no if the drains are connected in series. Unless this is new construction, which will get a piping inspection, there will likely need to be some testing to demonstrate that drains are not connected in series. In some cases photographs may be adequate.

List the diameter, in inches, of the outlet pipe in the sump. If there is more than one pipe in each sump for a given system (e.g. jets, water feature), list the number of pipes followed by the diameter e.g. two – 2.5".

List the shortest distance from the top of the outlet pipe to the bottom of the drain cover, in inches. There should be a measurement for each sump. A sketch or pictures showing pipe locations, for sumps with more than one pipe, will be required if plans are not required.

List the distance from the center of the manifold tee to the pipe end in the sump for each side of the manifold, to the nearest half inch e.g. 24.5"and 24".

Covers –
List the make, model and size of the drain covers.
List the inches of open area on a single cover.
Indicate, per manufacturer information, if the cover is rated for floors, walls or floors and walls and the corresponding flow ratings.
Indicate, per manufacturer information, if the cover is rated for single and/or multiple drains.
List the make and model of the frame or collar that the cover will attach into or NA if there isn't one.

Sumps –
List the make, model and size of the sumps. If the sump is field built write field built and indicate the diameter or length and width.

Box 3

This information is to be added to the form after the covers are installed. The following information needs to be provided for all submerged suction outlet covers in the pool. List the information for each pump system and equalizer outlets as applicable.

List the dates that the covers and frames were installed. If there are no frames indicate by NA.
List the dates that the cover and frames will need to be replaced by. This is determined by using information supplied by the cover/frame manufacturer regarding replacement.

List the name and address of the company that installed the covers.

The signature information is to be completed after all the construction work has been completed on the pool and the covers have been installed.
The form needs to be signed, stamped and dated by the responsible engineer or architect that has verified the work and information **if** this is a new pool and for renovations where structural changes were made to the pool or significant piping changes were made. The engineer or architect's name, company name and address should also be provided. **If** there were no structural changes or significant piping changes, the responsible cover installer that has verified the work and information should sign and date the form. The installer's name and the name and address of their company should also be provided.

Print the form as a two-sided form on legal size paper. **Submit the completed form with original signature and engineer/architect seal where applicable, to Public Health**. A copy should be provided to the facility, to be kept on site for future reference and use. The owner should also keep a copy of the supporting information including cover details from the manufacturer, confirmation that drains are not in series and flow rate calculations.

The information on the back of the form is to be used when covers are replaced in the future.

Follow the applicable instructions above when completing the information on the back of the form at the time of cover replacement.

Pool Data Form

Public Health
Seattle & King County

Pool _____Year Built ____Permit Number _____☐Variance_____

Pool Location Address _____City _____Zip _____

Pool Owner_____Address_____

Type ☐Swimming ☐Wading ☐Spa ☐Spray ☐Water Contact Features _____

Pool Shape _____ Width _____ft and Length_____ft or Diameter_____ft

Total surface area_____ft^2 Area<5ft deep_____ft^2 Area >5ft deep _____ft^2 Depth range___ft-___ft

Pool Capacity _____gallons Maximum Turnover Rate _____minutes@ ____GPM Bather Load ___

Disinfectant	**Type** -☐Chlorine ☐ Bromine ☐ _____ **Form**- ☐Solid ☐Liquid ☐Gas	
Filters	**# Filters** _____ **make, model** _____ ☐ **NSF** approved **Area**/filter _____ft^2 **Type** - ☐DE ☐Sand ☐Cartridge ☐DE Vacuum ☐ _____	
Overflow System	**#Skimmers** _____ **Flow thru Skimmers** ____ % **weir length** _____in **weir height** _____in **#Equalizer outlets** ____ Equalizer outlet **cover make, model, size**_____ **Skimmer line pipe diameter** _____in **Equalizer line pipe diameter**_____in	
	or **Gutter capacity** _____gallons **Slope**_____/ft **Flow thru**___%	**Tank capacity** _____ gallons
Remote water level controller make, model		Hydrostatic relief valve location
SVRS make, model _____		☐ Audible alarm_____

	Recirculation	Jets/Water Features
#**Pumps**, make,model, HP		
Maximum flow (clean filter) and TDH		
Minimum flow (dirty filter) and TDH		
# **Drains** and location (floor or wall)		
Are drains connected in series?		
Outlet pipe diameters in the sump		
Distances from top of outlet pipes to bottom of **each** drain cover		
Distance between drain cover centers		
Distances manifold center to **each** pipe end (,)		
Cover make,model, and size		
- inches of open area/ one cover		
- indicate if rated for floor/ sidewall + max flow ratings		
- indicate if rated for single or multiple drains		
- frame/collar make,model		
Sump make, model, and size		

	Recirculation	Equalizer			
Cover Installed Date					
Frame Installed Date					
Cover Replace By Date					
Frame Replace By Date					

Cover installation company_____ Address _____

The undersigned verifies that all installed submerged suction outlet covers are compliant with ASME A112.19.8-2007, were installed with required fasteners in a manner compliant with ASME A112.19.8-2007 on compatible sumps compliant with ASME A112.19.8-2007 and all information on this form is accurate. Additional entrapment prevention equipment, if required, was installed compliant with ASME A112.19.8-2007. Engineer/Architect signature and seal required for new pools, and if pool structural changes or significant piping changes were made.

Engineer/Architect Seal

Name _____Signature _____

Company _____ Address _____Date _____

The following is to be used when replacing VGB compliant covers with new VGB covers due to damage or upon reaching the replacement date.

Note that **if** replacement covers are different than the covers being replaced, the new cover information will need to be included. Also **if** the maximum flow rates on the front of the form have changed the new information will need to be included.

	Recirculation	Jets/Water Features
#**Pumps**, make,model, HP		
Maximum flow/TDH (clean filter)		
Minimum flow/TDH (dirty filter)		
Cover make,model, and size		
- inches of open area/ one cover		
- indicate if rated for floor/ sidewall + max flow ratings		
- indicate if rated for single or multiple drains		
- frame/collar make,model		

	Recirculation	Equalizer			
Cover Installed Date					
Frame Installed Date					
Cover Replace By Date					
Frame Replace By Date					

The undersigned verified that installed covers are compliant with ASME A112.19.8-2007, were installed with required fasteners in a manner compliant with ASME A112.19.8-2007 on compatible sumps compliant with ASME A112.19.8-2007 and that the information on this form is accurate.

Name _____ Signature _____

Company _____ Address _____Date _____

Note that **if** replacement covers are different than the covers being replaced, the new cover information will need to be included. Also **if** the maximum flow rates on the front of the form have changed the new information will need to be included.

	Recirculation	Jets/Water Features
#**Pumps**, make,model, HP		
Maximum flow/TDH (clean filter)		
Minimum flow/TDH (dirty filter)		
Cover make,model, and size		
- inches of open area/ one cover		
- indicate if rated for floor/ sidewall + max flow ratings		
- indicate if rated for single or multiple drains		
- frame/collar make,model		

	Recirculation	Equalizer			
Cover Installed Date					
Frame Installed Date					
Cover Replace By Date					
Frame Replace By Date					

The undersigned verified that installed covers are compliant with ASME A112.19.8-2007, were installed with required fasteners in a manner compliant with ASME A112.19.8-2007 on compatible sumps compliant with ASME A112.19.8-2007 and that the information on this form is accurate.

Name _____ Signature _____

Company _____ Address _____Date _____